#### CHAPTER 114

#### COMMUNICABLE DISEASE CONTROL

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#### Subchapter 1

#### General Provisions

- 37.114.101 DEFINITIONS Unless otherwise indicated, the following definitions apply throughout this chapter:
- (1) "Blood and body fluid precautions" mean the following requirements to prevent spread of disease through contact with infective blood or body fluids:
- (a) If soiling with blood or body fluids is likely, gowns must be used to cover clothes, worn only once, and laundered.
- Single-use gloves must be used if blood or body fluids, mucous membranes, or non-intact skin will be touched, items or surfaces soiled with blood or body fluids handled, and performing vascular access procedures other venipuncture; the gloves must be changed before touching another person and discarded in a manner preventing contact with them thereafter. (It is recommended, though not required, that single-use gloves coupled with proper aseptic procedures also be used for performing venipuncture.)
- Hands must be washed immediately after gloves are removed or if they are potentially contaminated with blood or body fluids and before touching another person.
- (d) Articles contaminated with blood or body fluids must be discarded or disinfected.
- Injuries from needles or other sharp devices must be avoided; used needles must not be recapped, bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand; after use, disposable syringes and needles, scalpel blades, and other sharp items must be placed in a prominently labeled, puncture-resistant container for disposal, located as closely as practicable to the use area; large-bore reusable needles must be placed in such a container for transport to the reprocessing area.
- If a needle-stick injury occurs, the injured person (f) must be evaluated immediately to determine if hepatitis prophylaxis is needed or human immunodeficiency virus is a concern.
- (g) Any blood spills must be cleaned up promptly with a solution of 5.25% sodium hypochlorite (for example, regular chlorox or purex bleach) diluted 1:10 with water.

- (h) A case must be restricted to a private room if the case's hygiene is poor, i.e., the case does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.
- (i) Masks and protective eyewear or face shields must be worn during procedures that are likely to generate droplets of blood or other body fluids.
- (j) In areas where resuscitation is likely to be practiced (e.g. emergency rooms), mouthpieces, resuscitation bags, or other ventilation devices must be available.
- (k) No one who has an exudative lesion or weeping dermatitis in an area likely to be touched may directly care for a patient or handle patient-care equipment.
- (2) "Carrier" means a person or animal who harbors a specific infectious agent without discernible illness and serves as a potential source of infection. A carrier may be "incubatory" (just before onset), "convalescent" (after clinical recovery), or "healthy" (no apparent illness at any time). The carrier state may be temporary or permanent.
- (3) "Case" means a person who is confirmed or suspected to have a reportable disease or condition.
- (4) "Clean" means to remove from surfaces, by scrubbing and washing, as with hot water and soap or detergent, infectious agents and organic matter on which and in which infectious agents may be able to live and remain virulent.
- (5) "Communicable disease" means an illness due or suspected to be due to a specific infectious agent or its toxic products, which results from transmission of that agent or its products to a susceptible host, directly or indirectly.
- (6) "Concurrent disinfection" means the use of a method which will destroy any harmful infectious agents present immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges before there is opportunity for any other contact with them.
- (7) "Contact" means a person or animal that has had opportunity to acquire an infection due to its association with an infected person or animal or a contaminated environment.
- (8) "Contamination" means the presence of a disease-causing agent upon a living body surface or within or upon any inanimate article or substance.

- (9) "Department" means the department of public health and human services.
- (10) "Drainage and secretion precautions" mean following requirements to prevent spread of disease through contact with purulent material from an infected body site:
- (a) If soiling by the infective material is likely, gowns must be worn, used only once, and laundered.
- (b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.
- Anyone touching the case or potentially contaminated articles must wash their hands immediately afterward and before touching another person.
- Any article contaminated with infective material must be discarded or disinfected in a manner which prevents contact with the material thereafter.
- (11) "Enteric precautions" mean the following requirements to prevent spread of disease through feces:
- (a) Gowns must be used to cover clothes if soiling is likely, worn only once, and laundered.
- (b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.
- Hands must be washed after touching the case or potentially contaminated articles and before touching another person.
- Articles contaminated with infective material must be either thoroughly disinfected before they are removed from the infected person's room, or bagged, labeled, and burned or decontaminated.
- A case must be restricted to a private room if the (e) case's hygiene is poor, i.e., the case does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.
- "Health care" means health care as defined in 50-16-(12)504, MCA.
- (13) "Health care facility" is a facility defined in 50-5-101, MCA.
- "Health care provider" means a health care provider (14)as defined in 50-16-504, MCA.

- (15) "HIV infection" means infection with the human immunodeficiency virus.
- (16) "Household contact" is a person or animal living within the household of an infected person.
- (17) "Infected person" means a person who harbors infectious agent and who has either manifest disease or inapparent infection.
- (18) "Infection" means the entry and development multiplication of an infectious agent in the body of man or Infection is not synonymous with infectious disease; the result may be inapparent or manifest. The presence of living infectious agents on the exterior surface of the body or upon articles of apparel or soiled articles is not infection, but contamination of such surfaces and articles.
- "Infectious agent" means an organism, chiefly a microorganism, but including helminths, that is capable of producing an infection or infectious disease.
- "Infectious disease" means a clinically manifest disease of man or animals resulting from an infection.
- (21) "Infectious person" means a person from whom another person may acquire an infectious agent by touch or proximity.
- (22) "Isolation" means separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local health officer and preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others. Isolation may be either modified or strict, as defined below:
- "Modified isolation" means instruction by either the department, a local health officer, or an attending physician, directed to the infected person, any members of that person's family, and any other close contacts, in accordance with "Guideline for Isolation Precautions in Hospitals" published by the government printing office, published in 1996, setting restrictions on the movements of and contacts with the infected person and specifying whichever of the following are also appropriate:
  - (i) tuberculosis isolation;
  - (ii) respiratory isolation;
  - (iii) enteric precautions;
  - (iv) drainage and secretion precautions;
  - (v) blood and body fluid precautions;

- (b) "Strict isolation" includes the following measures:
- (i) An infected person must be isolated behind a closed door in a separate bed in a room protected from potential vectors.
- (ii) A person caring for an infected person must avoid coming into contact with any other person until every precaution required has been taken to prevent the spread of infectious material.
- (iii) Each person caring for an infected person must wear a washable outer garment, mask, and gloves, and must thoroughly wash their own hands with soap and hot water after handling an infected person or an object an infected person may have contaminated. Before leaving the room of an infected person, a person caring for an infected person must remove the washable outer garment and hang it in the infected person's room until the garment and room are disinfected.
- (iv) An object which may have been contaminated by an infected person must be either thoroughly disinfected before it is removed from the infected person's room or bagged, labeled, and burned or decontaminated.
- (v) Disposal of feces and urine of an infected person must be made by flushing them down a toilet attached to a municipal or other sewage system approved by the department.
- (23) "Laboratorian" means any person who supervises or works in a laboratory.
- "Outbreak" means an incidence of a disease infection significantly exceeding the incidence normally observed in a population of people over a period of time specific to the disease or infection in question.
- (25) "Physician" means a person licensed to practice medicine in any jurisdiction in the United States or Canada.
- (26) "Potential outbreak" means the presence or suspected presence of a communicable disease in a population where the number of susceptible persons and the mode of transmission of the disease may cause further spread of that disease.
- "Quarantine" means those measures required by a local health officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease.
- (28) "Reportable disease" means any disease, occurrence or suspected occurrence of which is required by ARM 37.114.203 to be reported.

- (29) "Respiratory isolation" means:
- (a) the patient must be in a private room;
- (b) any person in close contact with the patient must wear a mask;
- (c) any person caring for the patient must thoroughly wash their hands after touching the patient or contaminated articles and before touching another person; and
- (d) articles contaminated with infective material must be discarded or bagged, labeled for decontamination, and decontaminated.
- (30) "Sensitive occupation" means employment in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease or where disease spread could occur due to the nature of the work.
- (31) "Sexually transmitted disease" means human immunodeficiency virus (HIV) infection, syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale, or chlamydial genital infections.
- (32) "Surveillance" means scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.
- (33) "Susceptible" means having insufficient resistance against a disease and consequently liable to contract the disease if exposed.
  - (34) "Tuberculosis isolation" means:
- (a) the patient must be in a private room which has ventilation to the outside and away from an enclosed area;
- (b) if the infective organism can be spread by cough, a mask must be worn by anyone entering the patient's room; if the organism can be spread by fluid, a gown and gloves must be worn;
- (c) any person caring for the patient must wash their hands after touching the patient or potentially contaminated articles and before touching another person; and
- (d) all potentially contaminated articles must be cleaned, disinfected, or discarded.

(35) The department hereby adopts and incorporates by reference the "Guideline for Isolation Precautions in Hospitals" published by the Government Printing Office in 1996, which specifies precautions that should be taken to prevent transmission of communicable diseases. A copy of "Guideline" may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161, phone: (703)487-4650. Any orders should refer to the publication number PB96138102 for the Guideline for Isolation Precautions in Hospitals (1996). (History: Sec. 50-1-202, 50-2-116 and 50-17-103, MCA; IMP, Sec. 50-1-202, 50-17-103 and 50-18-101, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

37.114.102 LOCAL BOARD RULES (1) A local board of health may adopt rules for the control of communicable diseases, if such rules are as stringent as and do not conflict with the requirements of this chapter. (History: Sec. 50-1-202 and 50-2-116, MCA; IMP, Sec. 50-1-202 and 50-2-116, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 913.)

#### Subchapter 2

#### Reporting Requirements

- 37.114.201 REPORTERS (1) With the exception noted in (3) below, any person, including but not limited to a physician, dentist, nurse, medical examiner, other health practitioner, administrator of a health care facility, public or private school administrator, city health officer, laboratorian who knows or has reason to believe that a case exists shall immediately report:
- to the department alone in the case of acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, the following information, if available:
  - (i) name and age of the case;
  - (ii) whether or not the case is suspected or confirmed;
  - (iii) name and address of the case's physician; and
- (iv) name of the reporter or other person the department can contact for pertinent information about the case;
- (b) the information specified in ARM 37.114.205(1)(a) through (e) to the county, city-county, or district health officer in every case other than a case of AIDS, HIV infection, Colorado tick fever, or influenza; or
- (c) if the disease in question is Colorado tick fever or influenza, the fact that a case has occurred to the county, city-county, or district health officer.
- (2) A county, city-county, or district health officer must submit to the department, on the schedule noted in 37.114.204, the information specified in ARM 37.114.205 concerning each confirmed or suspected case of which the officer is informed.
- (3) A state funded anonymous testing site for infection is not subject to the reporting requirement in (1)(a) above. (History: Sec. 50-1-202, 50-17-103 and 50-18-105, MCA; Sec. 50-1-202, 50-2-118, 50-17-103, 50-18-102 50-18-106, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1986 MAR p. 254, Eff. 2/28/86; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 02 reserved

- 37.114.203 REPORTABLE DISEASES AND CONDITIONS (1) The following communicable diseases and conditions are reportable:
- (a) AIDS, as defined by the centers for disease control, or HIV infection, as determined by a positive result from a test approved by the federal food and drug administration for the detection of HIV, including but not limited to antibody, antigen, or HIV nucleic acid tests;
  - (b) Amebiasis;
  - (c) Anthrax;
  - (d) Botulism (including infant botulism);
  - (e) Brucellosis;
  - (f) Campylobacter enteritis;
  - (g) Chancroid;
  - (h) Chlamydial genital infection;
  - (i) Cholera;
  - (j) Colorado tick fever;
  - (k) Cryptosporidiosis;
  - (1) Cytomegaloviral illness;
  - Diarrheal disease outbreak; (m)
  - (n) Diphtheria;
  - (o) Encephalitis;
  - (p) Escherichia coli 0157:H7 enteritis;
  - Gastroenteritis outbreak; (a)
  - (r) Giardiasis;
  - (s) Gonorrhea;
  - (t) Gonococcal ophthalmia neonatorum;
  - (u) Granuloma inquinale;
- Haemophilus influenzae B invasive disease (meningitis,  $(\nabla)$ epiglottitis, pneumonia, and septicemia);
  - (w) Hansen's disease (leprosy);
  - Hantavirus pulmonary syndrome; (x)
  - (y) Hemolytic uremic syndrome;
  - (z) Hepatitis A, B, or non-A non-B;
  - (aa) Kawasaki disease;
  - (ab) Influenza;
- (ac) Lead poisoning (levels ≥ 10 micrograms per deciliter);
  - (ad) Legionellosis;
  - (ae) Listeriosis;
  - (af) Lyme disease;
  - (ag) Lymphogranuloma venereum;
  - (ah) Malaria;
  - (ai) Measles (rubeola);
  - (aj) Meningitis, bacterial or viral;

- (ak) Mumps;
- (al) Ornithosis (psittacosis);
- (am) Pertussis (whooping cough);
- (an) Plaque;
- (ao) Poliomyelitis, paralytic or non-paralytic;
- (ap) Q-fever;
- (aq) Rabies or rabies exposure (human);
- (ar) Reye's syndrome;
- (as) Rocky Mountain spotted fever;
- (at) Rubella (including congenital);
- (au) Salmonellosis;
- (av) Shigellosis;
- (aw) Streptococcus pneumoniae invasive disease, drug
  resistant;
  - (ax) Syphilis;
  - (ay) Tetanus;
  - (az) Trichinosis;
  - (ba) Tuberculosis;
  - (bb) Tularemia;
  - (bc) Typhoid fever;
  - (bd) Yellow fever;
  - (be) Yersiniosis;
- (bf) Illness occurring in a traveler from a foreign
  country;
- (bg) An occurrence in a community or region of a case or cases of any communicable disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, with a frequency in excess of normal expectancy; and
- (bh) Any unusual incident of unexplained illness or death in a human or animal.

(2) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-17-103, 50-18-105 and 50-18-106, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-103, 50-18-102 and 50-18-106, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1980 MAR p. 2870, Eff. 10/31/80; AMD, 1981 MAR p. 1289, Eff. 10/30/81; AMD, 1986 MAR p. 254, Eff. 2/28/86; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.204 REPORTS AND REPORT DEADLINES (1) A county, city-county, or district health officer or the officer's authorized representative must immediately report to department by telephone the information cited in ARM 37.114.205(1) whenever a case of one of the following diseases is suspected or confirmed:
  - (a) Anthrax;
  - (b) Botulism (including infant botulism);
  - (c) Diphtheria;
  - (d) Measles (rubeola);
  - (e) Plaque;
  - (f) Rabies or rabies exposure (human);
  - (q) Typhoid fever; or
- (h) Any unusual incident of unexplained illness or death in a human or animal.
- (2) A county, city-county, or district health officer or officer's authorized representative must mail to the the department the information required by ARM 37.114.205(1) for each suspected or confirmed case of one of the following diseases, within the time limit noted for each:
- (a) On the same day information about a case of one of the following diseases is received by the county, city-county, or district health officer:
  - (i) Chancroid;
  - (ii) Cholera
  - (iii) Diarrheal disease outbreak;
  - (iv) Escherichia coli 0157:H7 enteritis;
  - (v) Gastroenteritis outbreak;
  - (vi) Gonorrhea;
  - (vii) Gonococcal ophthalmia neonatorum;
  - (viii) Granuloma inguinale;
- (ix) Haemophilus influenzae В invasive disease (meningitis, epiglottitis, pneumonia, and septicemia);
  - (x) Hantavirus pulmonary syndrome;
  - (xi) Hemolytic uremic syndrome;
  - (xii) Listeriosis;
  - (xiii) Lymphogranuloma venereum;
  - (xiv) Meningitis, bacterial or viral;
  - (xv) Pertussis (whooping cough);
  - (xvi) Poliomyelitis, paralytic or non-paralytic;
  - (xvii) Rubella (including congenital);
  - (xviii) Syphilis;
  - (xix) Tetanus;
  - (xx) Yellow fever;

- (xxi) Illness occurring in a traveler from a foreign country; and
- (xxii) An occurrence in a community or region of a case or cases of any communicable disease in the "Control Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000 with a frequency in excess of normal expectancy.
- (b) Within seven calendar days after the date information about a case of one of the following diseases is received by the county, city-county, or district health officer:

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(i) Amebiasis;
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- (ii) Brucellosis;
- (iii) Campylobacter enteritis;
- (iv) Chlamydial genital infection;
- (v) Cryptosporidiosis;
- (vi) Cytomegaloviral illness;
- (vii) Encephalitis;
- (viii) Giardiasis;
- (ix) Hansen's disease (leprosy);
- (x) Hepatitis, A, B, or non-A non-B;
- (xi) Kawasaki disease;
- (xii) Lead poisoning (levels ≥ 10 micrograms per deciliter);
  - (xiii) Legionellosis;
  - (xiv) Lyme disease;
  - (xv) Malaria;
  - (xvi) Mumps;
  - (xvii) Ornithosis (Psittacosis);
  - (xviii) O-fever;
  - (xix) Reye's syndrome;
  - (xx) Rocky Mountain spotted fever;
  - (xxi) Salmonellosis;
  - (xxii) Shigellosis;
- (xxiii) Streptococcus pneumoniae invasive disease, drug resistant;
  - (xxiv) Trichinosis;
  - (xxv) Tuberculosis;
  - (xxvi) Tularemia; or
  - (xxvii) Yersiniosis.

- (3) By Friday of each week during which a suspected or confirmed case of one of the diseases listed below is reported to the county, city-county, or district health officer, that officer or the officer's authorized representative must mail to the department the total number of the cases of each such disease reported that week:
  - (a) Colorado tick fever; and
  - (b) Influenza.
- Whenever a laboratory performs a blood lead analysis, a laboratorian employed at that laboratory must submit to the department, by the 15th day following the month in which the test was performed, a copy of all blood lead analyses performed that month, including analyses in which lead was undetectable.
- A laboratorian must submit to the department by the 15th day following each month a report on a form supplied by the department indicating the number of tests with negative or positive results which were done that month for tuberculosis or a sexually transmitted disease.
- The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-17-103 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-17-103, 50-18-102 and 50-18-106, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.205 REPORT CONTENTS (1) A report of a case of reportable disease or a condition which is required by ARM 37.114.204(1) or (2) must include, if available:
  - name and age of the case;
- dates of onset of the disease or condition and the date the disease or condition was reported to the health officer;
  - (c) whether or not the case is suspected or confirmed;
  - (d) name and address of the case's physician; and
- (e) name of the reporter or other person the department can contact for further information regarding the case.
- The information required by (1) of this rule must be supplemented by any other information in the possession of the reporter which the department requests and which is related to case management and/or investigation of the case.
- (3) Within 30 days of receiving a completed report of a case with HIV infection or AIDS, the department will:
- remove the name, street address, and any other information that could be used to identify the case from all reports, both paper and electronic;
- (b) generate a number-based unique identifier for the case to be used internally by the department; and
- (c) contact the local health officer of the county where the case resides or the officer's designee to give the officer or designee information about the case and the need for further investigation and/or follow-up.
- (4) The laboratory reports required by ARM 37.114.204(5) and the numerical report required by ARM 37.114.204(3) need contain only the information specified in those sections.
- The name and/or unique identifier of any case with a reportable disease or condition and the name and address of the reporter of any such case are confidential and not open to public inspection. (History: Sec. 50-1-202, 50-17-103 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-17-103, 50-18-102 and 50-18-106, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

#### Subchapter 3

#### General Control Measures

- 37.114.301 SENSITIVE OCCUPATIONS (1) A local health officer or the department may restrict a person employed in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease from practicing an occupation while infected by a reportable disease if, given the means of transmission of the disease in question, the nature of the person's work would tend to spread the disease.
- (2) No infectious person may engage in any occupation involving the preparation, serving, or handling of food, including milk, to be consumed by others than his/her immediate family, until a local health officer determines him/her to be free of the infectious agent or unlikely to transmit the infectious agent due to the nature of his/her particular work. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 02 reserved

- 37.114.303 FUNERALS (1) A funeral service for a person who died of a reportable disease must be conducted in accordance with instructions of a local health officer.
- (2) If a person dies from a disease requiring quarantine of contacts, a funeral service for that person may be open to the public only if the casket remains closed and those contacts subject to the quarantine who attend the funeral are segregated from the rest of those attending, unless the contacts have been determined by a local health officer to be incapable of transmitting the infection or disease which caused the death.
- (3) Transportation of dead human bodies must be in accord with ARM 37.116.103. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 04 and 05 reserved

#### 37.114.306 TRANSPORTATION OF COMMUNICABLE DISEASE CASES

- (1) Neither an infected person with a communicable disease for which subchapter 5 of this chapter prescribes isolation nor a contact made subject to quarantine by that subchapter may travel or be transported from one location to another without the permission of the local health officers with jurisdiction over the places of departure and arrival, except if, in the case of an infected person:
- (a) the infected person is to be admitted directly to a hospital for the treatment of the communicable disease; and
- (b) both local health officers are satisfied that adequate precautions are taken to prevent dissemination of the disease by the infected person en route to the hospital. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.307 QUARANTINE OF CONTACTS: NOTICE AND OBSERVATION (1) If a communicable disease requires quarantine of contacts, a local health officer or the department shall institute whatever quarantine measures are necessary to prevent transmission, specifying in writing the person or animal to be quarantined, the place of quarantine, the frequency with which possible or known contacts must be medically observed to determine if physiological signs of the disease are occurring, and the duration of the quarantine.
- (2) A local health officer or the department must ensure such contacts are medically observed as frequently as necessary during the quarantine period. (History: Sec. 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102 and 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.308 ISOLATION OF PATIENT: NOTICE (1) When isolation of a patient is declared, the agency declaring the isolation must supply to the infected person in writing a description of the place of isolation, the length of the isolation period, and the name and title of the person declaring the isolation.
- (2) A local health officer or the department may inspect the place of isolation during the period of isolation to determine compliance with the isolation. (History: 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102 and 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 09 through 11 reserved

- 37.114.312 IMPORTATION OF DISEASE (1) No person who has a reportable disease for which subchapter 5 of this chapter prescribes isolation may be brought within the boundaries of the state without prior notice to the department and approval of measures to be taken within Montana to prevent disease transmission.
- Whenever a person knows or has reason to believe that an infected person, whether or not infectious, has been brought within the boundaries of the state, s/he shall report the name and location of the infected person to the department, with the exception of those individuals who are HIV-positive; in the latter case, only the information described in ARM 37.114.205(2) must be provided to the department. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.313 CONFIRMATION OF DISEASE (1) Subject to the limitation in (2) below, if a local health officer receives information about a case of any of the following diseases, the officer or the officer's authorized representative must ensure that a specimen from the case is submitted to the department, which specimen will be analyzed to confirm the existence or absence of the disease in question:
  - (a) Anthrax;
  - (b) Botulism (foodborne);
  - Brucellosis; (C)
  - (d) Cholera;
  - (e) Diarrheal disease outbreak;
  - (f) Diphtheria;
  - (g) Hantavirus pulmonary syndrome;
  - Human immunodeficiency virus (HIV); (h)
  - Influenza; (i)
  - (j) Measles (rubeola);
  - Pertussis (whooping cough); (k)
  - (1) Plaque;
  - (m) Polio, paralytic or non-paralytic;
  - Rabies (human); (n)
  - Rubella (including congenital); (o)
  - Syphilis; (p)
  - (a) Trichinosis;
  - (r)Tuberculosis; and
  - (s) Typhoid fever.
- (2) In the event of an outbreak of diarrheal disease, influenza, or measles, analysis of specimens from each case is unnecessary after the disease organism is determined by the department.
- (3) A laboratorian or any other person in possession of a specimen from a case of a disease listed in (1)(a) through (s) above must submit it to the local health officer upon request.
- (4) If no specimen from the case is otherwise available and the case refuses to allow a specimen to be taken for purposes of (1), the case will be assumed to be infected and must comply with whatever control measures are imposed by the department or local health officer. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.314 INVESTIGATION OF A CASE (1) Immediately after being notified of a case or an outbreak of a reportable disease, a local health officer or the officer's designee must:
- (a) investigate and take whatever steps are necessary to prevent spread of the disease;
- (b) if the officer or designee finds that the nature of the disease and the circumstances of the case or outbreak warrant such action:
- (i) examine or ensure that a physician examines any infected person in order to verify the diagnosis;
- (ii) make an epidemiologic investigation to determine the source and possible spread of infection;
- (iii) take appropriate steps, as outlined in the the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, to prevent or control the spread of disease; and
- (iv) notify contacts (for example, emergency responders) of the case and give them the information needed to prevent contracting the disease.
- (c) whenever the identified source of a reportable disease or a person infected or exposed to a reportable disease who should be quarantined or placed under surveillance is located outside of the jurisdiction of the officer or the officer's designee:
- (i) notify the department or the local health officer of the jurisdiction in which the source or person is located if within Montana; or
- notify the department if the source or person is (ii) located outside of Montana.
- (2) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which specifies control measures for communicable diseases. A copy of the report may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-2-118, 50-17-103 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-103, 50-17-105, 50-18-102, 50-18-107 and 50-18-108, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.315 POTENTIAL OUTBREAKS (1) Whenever a disease listed in ARM 37.114.204(1) is confirmed or whenever any other communicable disease listed in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, or other communicable disease which constitutes a threat to the health of the public becomes so prevalent as to endanger an area outside of the jurisdiction where it first occurred, the local health officer of the jurisdictional area in which the disease occurs must notify the department and cooperate with the department's epidemiologist or the epidemiologist's representative to control the spread of the disease in question.
- The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Subchapter 4 reserved

#### Subchapter 5

#### Specific Control Measures

- 37.114.501 MINIMAL CONTROL MEASURES (1) This subchapter contains minimal control measures to prevent the spread of The local health officer or the officer's designee must either employ the minimal control measures or ensure that a representative of the department when assisting a local health officer with a case, a health care provider treating a person with a reportable disease, or any other person caring for a person with a reportable disease does so, with the exception that if a particular control measure specifies who responsible for carrying it out, only that person is responsible.
- (2) If a reportable disease is not listed in this subchapter, no minimum control measures for the disease are required. (History: Sec. 50-1-202, 50-2-116 and 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-116 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 02 reserved

- 37.114.503 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND HIV INFECTION (1) Whenever human immunodeficiency virus (HIV) infection occurs, blood and body fluid precautions must be used for the duration of the infection.
- If a test confirms HIV infection, the department will contact the health care provider submitting the test or another health care provider designated by the subject of the test in order to determine whether acquired immune deficiency syndrome is present. If AIDS exists, the provider must submit a report pursuant to ARM 37.114.205.
- Either a health care provider treating an individual with HIV infection for that infection or a representative of the department or local health department must:
- instruct the case how to prevent spreading the HIV infection to others;
- (b) provide the case with information about any available services relevant to the case's health status and refer the case to appropriate services;
- (c) interview the infected person to determine the person's contacts; and
- (d) locate each contact, counsel each contact, advise the contact to receive testing to determine the contact's HIV status, and refer the contact for appropriate services.
- The health care provider must either conduct the interview with the case and assist the case with contact notification or request the department to assist in conducting the interview and/or notifying contacts. (History: Sec. 50-1-202, 50-2-118 and 50-16-1004, MCA; IMP, Sec. 50-1-202, 50-2-118 and 50-16-1004, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1998 MAR p. 2493, Eff. 9/11/98; TRANS, from DHES, 2002 MAR p. 913.)

### 37.114.504 DEPARTMENT OF PUBLIC HEALTH

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- 37.114.504 AMEBIASIS (1) Whenever a case of amebiasis occurs:
  - (a) Enteric precautions are required.
- (b) Feces must be disposed of by flushing down a toilet attached to a municipal or other sewage system approved by the department. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 05 reserved

- 37.114.506 ANTHRAX (1) Whenever a case of anthrax occurs:
- (a) If skin lesions exist, drainage and secretion precautions must be used until lesions are bacteriologically free of anthrax bacilli.
- (b) All bodily discharges must be concurrently disinfected.
- (2) Strict isolation must be imposed upon each case of inhalation anthrax. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

#### 37.114.507 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.507 BOTULISM: INFANT BOTULISM (1) Feces must be concurrently disinfected or flushed down a toilet attached to a municipal or other sewage system approved by the department.
- (2) The local health officer shall make an immediate investigation of every case or suspected case of botulism in an effort to establish the diagnosis and determine the source.
- (3) In the event that a commercial food product is suspected as the source, special instructions will be given by the department. The local health officer shall prevent distribution and consumption of the suspected food. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 08 reserved

- 37.114.509 BRUCELLOSIS (1) Drainage and secretion precautions must be used.
- (2) Concurrent disinfection of purulent discharges is necessary. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.510 CAMPYLOBACTER\_\_\_\_\_ ENTERITIS (1) Enteric precautions must be observed.
- (2) The local health officer may not allow an infected person to engage in a sensitive occupation as described in ARM 37.114.301 until stool specimens are clear of the organisms causing campylobacter diarrhea. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 11 reserved

37.114.512 CHANCROID (1) A person infected with chancroid must be directed not to engage in sexual contact until all chancroid lesions are healed. (History: Sec. 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118 and 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 13 and 14 reserved

- CHLAMYDIAL GENITAL INFECTION 37.114.515 (1) An individual with a chlamydial genital infection must be directed to undergo appropriate antibiotic therapy and to avoid sexual contact until seven days have elapsed since the commencement of effective treatment prescribed by the centers for disease control and prevention in the 1998 guidelines for treatment of sexually transmitted diseases.
- (2) An individual who contracts the infection must be interviewed by the local health officer or the officer's designee to determine the person's sexual contacts, and those contacts must be provided with appropriate medical treatment.
- The department hereby adopts and incorporates by reference the 1998 guidelines for treatment of sexually transmitted diseases published by the U.S. centers for disease control and prevention in the January 23, 1998, Morbidity and Mortality Weekly Report, volume 47, which specify the most currently accepted effective treatments for sexually transmitted diseases. A copy of the 1998 guidelines is available from the Department of Public Health and Human Services, Health Policy and Services Division, HIV/STD Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-3565. (History: Sec. 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102 and 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

## 37.114.516 DEPARTMENT OF PUBLIC HEALTH

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37.114.516 CHOLERA (1) Enteric precautions must be employed. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff.  $\overline{11/28/87}$ ; TRANS, from DHES, 2002 MAR p. 913.)

Rule 17 reserved

- 37.114.518 COLORADO TICK FEVER (1) Blood and body fluid precautions must be employed.
- (2) The infected person must be directed not to donate blood for four months after the date of diagnosis. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

#### 37.114.519 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.519 CRYPTOSPORIDIOSIS (1) Enteric precautions must be used by a case employed in a sensitive occupation, as described in ARM 37.114.301, until three post-treatment stool specimens collected on three successive days test negative.
- (2) Sources of infection must be sought, especially in the home, within the family, in food, and in water. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95; TRANS, from DHES, 2002 MAR p. 913.)

Rule 20 reserved

- 37.114.521 DIARRHEAL DISEASE OUTBREAK (1) Enteric precautions must be imposed on persons employed in sensitive occupations.
- (2) Enteric precautions must be imposed until laboratory tests determine the etiologic agent involved, after which control measures must be imposed which are appropriate for that agent and set out in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000.
- (3) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

#### 37.114.522 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- (1) For a confirmed case of 37.114.522 DIPHTHERIA diphtheria, strict isolation of an infected person must be imposed until two cultures, taken not less than 24 hours apart and not less than 24 hours after cessation of antimicrobial therapy, from nose and throat fail to show diphtheria bacilli, except that upon clinical recovery and when appropriate antibiotics have been used as therapy, respiratory isolation may be imposed instead of strict isolation, ending 14 days after the date administration of antibiotics commenced.
- All household contacts must be placed under quarantine by the local health officer until their nose and throat cultures are negative.
- (3) All carriers must be treated unless medically contraindicated.
- (4) A contact in a sensitive occupation must be excluded by the local health officer or the officer's designee from work until the contact is determined not to be a carrier.
- The local health officer must initiate surveillance susceptible contacts and must recommend immediate for immunization to any such contact found. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 23 reserved

37.114.524 ENCEPHALITIS (1) The local health officer must search for undetected cases of encephalitis and, in the cases where the encephalitis is mosquito-borne, for vector mosquitoes, as well. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

#### 37.114.525 ESCHERICHIA COLI 0157:H7 ENTERITIS

- (1) Enteric precautions must be observed.
- (2) The local health officer may not allow an infected person to engage in a sensitive occupation as described in ARM 37.114.301 until stool specimens are culture-negative for escherichia coli 0157:H7 enteritis. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1994 MAR p. 1295, Eff. 5/13/94; TRANS, from DHES, 2002 MAR p. 913.)

Rule 26 reserved

- GASTROENTERITIS OUTBREAK 37.114.527 (1) Enteric precautions must be employed until laboratory tests indicate what organism is responsible for the infection, after which control measures must be taken which are specific for the organism in question. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.528 GIARDIASIS (1) Enteric precautions must be used by a case employed in a sensitive occupation until three post-treatment stool specimens collected on three successive days are negative.
- Sources of infection must be sought, especially in the (2) home, within the family, in food, and in water. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 29 reserved

- 37.114.530 GONORRHEA (1) A person who contracts genital gonorrhea must be directed to undergo appropriate antibiotic therapy and to avoid sexual contact until seven days have elapsed since the commencement of effective treatment prescribed by the centers for disease control and prevention in the 1998 quidelines for treatment of sexually transmitted diseases. Individuals who have contracted genital gonorrhea must also be treated for chlamydia.
- (2) The local health officer or the officer's designee must interview an individual who contracts the infection in order to determine the person's sexual contacts, and must ensure that those contacts are examined and receive the medical treatment indicated by clinical or laboratory findings.
- The department hereby adopts and incorporates by reference the 1998 guidelines for treatment of sexually transmitted diseases published by the U.S. centers for disease control and prevention in the January 23, 1998, Morbidity and Mortality Weekly Report, volume 47, which specify the most currently accepted effective treatments for sexually transmitted diseases. A copy of the 1998 guidelines is available from the Department of Public Health and Human Services, Health Policy and Services Division, HIV/STD Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-3565. (History: Sec. 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102 and 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

37.114.531 GRANULOMA INGUINALE (1) Contact with lesions

must be avoided until after the lesions are healed.

(2) The local health officer or the officer's designee must identify and treat sexual contacts. (History: Sec. 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118 and 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 32 reserved

#### 37.114.533 HAEMOPHILUS INFLUENZA B INVASIVE DISEASE

- (1) Contacts must be identified by the local health officer or the officer's designee in order to determine if chemoprophylaxis is advisable. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.534 HANSEN'S DISEASE (LEPROSY) (1) For a case of Hansen's disease, modified isolation must be imposed if the infected person is infectious. The degree of isolation must be determined by the local health officer, who must be advised by a physician specially qualified to manage this disease. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 35 reserved

- 37.114.536 HANTAVIRUS PULMONARY SYNDROME (1) The local health officer must conduct studies to determine the source of the infection. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1994 MAR p. 1295, Eff. 5/13/94; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.537 HEMOLYTIC UREMIC SYNDROME (1) Enteric precautions must be observed.
- (2) The local health officer may not allow an infected person to engage in a sensitive occupation, as described in ARM 37.114.301, until stool specimens are culture-negative for escherichia coli 0157:H7 enteritis. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95; TRANS, from DHES, 2002 MAR p. 913.)

Rule 38 reserved

- 37.114.539 HEPATITIS TYPE A (1) For a case of type A hepatitis, enteric precautions must be imposed until five days after the onset of jaundice.
- An infected person may not engage in a sensitive occupation during the infectious period. (History: 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.540 HEPATITIS TYPE B (1) For a case of type B hepatitis:
- (a) Blood and body fluid precautions must be imposed until it is determined that viremia no longer exists.
- The local health officer or the officer's designee must identify contacts and advise them how to prevent acquisition of the disease, given the nature of their relationship to the case. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 41 reserved

37.114.542 HEPATITIS, NON-A NON-B (1) For a case of non-A non-B hepatitis, the control standards set out in ARM 37.114.540 for hepatitis, type B, must be followed. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 43 reserved

37.114.544 INFLUENZA (1) Individuals who are at high risk for disease must be isolated, to the extent possible, from acutely ill or incubatory influenza cases. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 45 reserved

- 37.114.546 LEAD POISONING: ELEVATED BLOOD LEAD LEVELS IN CHILDREN (1) When an elevated capillary test of a child aged 13 or under shows an elevated blood lead level (EBL) greater than or equal to 10 micrograms per deciliter (ug/dl), the health care provider who ordered the capillary test must confirm the results as soon as possible by a venous draw.
- In the case of an elevated venous level, the health care provider must retest the blood lead level at intervals recommended by the federal centers for disease control and prevention, until two consecutive tests taken at least two months apart show a level of less than 10 ug/dl.
- (3) The department hereby adopts and incorporates by reference the recommendations for blood lead testing intervals for children with elevated venous levels published in November 1997 by the federal centers for disease control and prevention (CDC) and contained in CDC's manual "Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials", which contains quidance for identifying children with dangerous blood lead levels and intervening to protect them. A copy of the manual is available from the Centers for Disease Control, MASO Publications Distribution Facility, 5665 New Peachtree Road (PO7), Atlanta, GA 30341. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 47 reserved

- 37.114.548 LEGIONELLOSIS (1) Drainage and secretion precautions must be observed for each case of legionellosis until that person is treated and his/her discharges are found to be no longer infectious. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.549 LISTERIOSIS OUTBREAK (1) The local health officer or the officer's designee must conduct surveillance of contacts and attempt to identify the disease source. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 50 reserved

- 37.114.551 LYME DISEASE (1) The local health officer must conduct studies to determine the source of the infection. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.552 LYMPHOGRANULOMA VENEREUM (1) A person who contracts lymphogranuloma venereum must be instructed to avoid sexual contact until after the lesions heal.
- (2) An individual who contracts the disease must be interviewed by the local health officer or the officer's designee to determine who that individual's contacts are, and the local health officer must ensure that those contacts are examined and receive the medical treatment indicated by clinical and laboratory findings. (History: Sec. 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118 and 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 53 reserved

- 37.114.554 MALARIA (1) A case of malaria should, to the extent possible, stay within a mosquito-proof area. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.555 MEASLES: RUBEOLA (1) A local health officer or the department shall impose modified isolation consisting of respiratory isolation of a measles case and quarantine of susceptible contacts whenever a suspected or confirmed case of measles occurs. If isolation and quarantine are imposed, the local health officer shall provide the notice required by ARM 37.114.307 and 37.114.308 and make immunizations available. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 56 reserved

- 37.114.557 MENINGITIS: BACTERIAL OR VIRAL (1) A case of aseptic or viral meningitis must be kept in strict isolation during febrile illness or until the existence of bacterial meningitis is ruled out.
- (2) Whenever a case of meningococcal meningitis, meningococcemia, or bacterial meningitis occurs:
- (a) modified isolation consisting of respiratory isolation, blood and body fluid precautions, and drainage and secretion precautions must be imposed upon the case until 24 hours have passed since the initiation of antibiotic chemotherapy; and
- (b) the local health officer must impose surveillance upon the case's household and other intimate contacts for a minimum of 10 days after the diagnosis of the case. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- (1) For a case of mumps, the following 37.114.558 MUMPS measures must be imposed:
- (a) drainage and secretion precautions until the fever and swelling of the salivary glands have disappeared; and
- (b) respiratory isolation for nine days after the onset of swelling. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 59 reserved

- 37.114.560 OPHTHALMIA NEONATORUM (1) Whenever a case of ophthalmia neonatorum is confirmed:
- (a) drainage and secretion precautions must be imposed until 24 hours after administration of an antibiotic; and
  - concurrent disinfection of discharges is necessary.
- (2) Precautions which must be followed by any birth attendant to prevent ophthalmia neonatorum are contained in ARM 37.57.308. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.561 ORNITHOSIS (PSITTACOSIS) (1) Respiratory precautions must be imposed upon a case of ornithosis as long as the fever lasts.
- (2) The local health officer must inquire whether a bird epidemiologically linked to a case of ornithosis was obtained from an aviary, and, if so, determine the location of the aviary and report it to the Montana state veterinarian, department of livestock. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 62 reserved

- PERTUSSIS (WHOOPING COUGH) 37.114.563 (1) Modified isolation consisting of respiratory isolation must be imposed upon a case of pertussis for five days after the start of antibiotic therapy, or 21 days after the date of onset of symptoms if no antibiotic therapy is given.
- (2) An individual identified by the local health officer as a close contact must be referred by the officer to a physician for chemoprophylaxis.
- (3) A person identified by the local health officer or the officer's designee as a close contact must be monitored by the local health officer or the officer's designee for respiratory symptoms for 20 days after the person's last contact with the case.
- Ιf close contact shows respiratory (4)а symptoms consistent with pertussis, the health officer or the officer's designee must order the contact to avoid contact with anyone outside of the contact's immediate family until a medical evaluation indicates that the contact is not developing pertussis.
- Surveillance for susceptible contacts (5) must initiated immediately by the local health officer or the officer's designee and immediate immunizations recommended by the officer or designee must be administered to identified susceptible contacts. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 64 reserved

- (1) Whenever a case of pneumonic 37.114.565 PLAGUE plaque exists:
- strict isolation must be imposed for no less than three days following commencement of antibiotic therapy to which the infected person responds; and
- (b) those who are identified by the local health officer or the officer's designee as having been in household or faceto-face contact with the case must be placed on chemoprophylaxis and kept under surveillance by the local health officer or the officer's designee for seven days, or, if they refuse chemoprophylaxis, be kept in strict isolation with careful surveillance for seven days.
- (2) Whenever a case of bubonic plague exists, drainage and secretion precautions must be imposed until antibiotic therapy has been terminated and the lesions are bacteriologically negative for plague bacilli.
- (3) Concurrent disinfection of discharges and bodily fluids must be done in all plaque cases.
- (4) An investigation must be conducted by the local health officer or the officer's designee to identify vectors and reservoirs whenever a case of bubonic plague exists. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

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- 37.114.566 POLIOMYELITIS (1) For a case of poliomyelitis, modified isolation consisting of enteric precautions must be imposed for seven days from the onset of illness, or for the duration of fever, if longer.
- (2) The local health officer or the officer's designee initiate surveillance for susceptible contacts and recommend immunization to them immediately. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 67 reserved

- 37.114.568 Q-FEVER (QUERY FEVER) (1) Respiratory precautions must be used.
- (2) Bodily fluid discharges must be concurrently disinfected. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

#### Rule 69 reserved

37.114.570 RABIES: HUMAN (1) For a case of human rabies, strict isolation must be imposed for the duration of the illness. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

- 37.114.571 RABIES EXPOSURE (1) The following actions must be reported to the local health officer if they are committed by an animal other than a rabbit, hare, or rodent whose species can be infected with rabies:
  - (a) biting of a human being;
- (b) contamination of a mucous membrane, scratch, abrasion, or open wound of a human by the saliva or other potentially infectious material from an animal that exhibits:
  - (i) paralysis or partial paralysis of the limbs;
- (ii) marked excitation, muscle spasms, difficulty swallowing, apprehensiveness, delirium, or convulsions; or
- (iii) unusual aggressive or unnatural behavior toward a person, animal, or inanimate object.
- (2) The local health officer shall investigate each report possible rabies exposure and gather, at a minimum, information about the circumstances of the possible rabies exposure; nature of the exposure; name, age, and address of the exposed individual; vaccination status of the animal question; treatment of the exposed person; and eventual outcome for both animal and person involved.
- As soon as possible after investigating a report of possible rabies exposure, the local health officer must inform the exposed person or the individual responsible for the exposed person if that person is a minor whether or not treatment is recommended to prevent rabies and provide a referral to a health care provider.
- (4) Whenever the circumstances described in (1) involve a dog, cat, or ferret, the local health officer must either:
- (a) arrange for the animal to be observed for signs of illness during a 10 day quarantine period at an animal shelter, veterinary facility, or other adequate facility, and ensure that any illness in the animal during the confinement or before release is evaluated by a veterinarian for signs suggestive of rabies; or
- if the symptoms described in (1)(b) above exist, order the animal killed and the head sent to the department of livestock's diagnostic laboratory at Bozeman for analysis. The local health officer may also order an animal killed subsequent to isolation, and the brain analyzed.

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- (5) Additional rabies reporting and control requirements are contained in ARM 32.3.1201 through 32.3.1207, rules of the department of livestock.
- (6) The department hereby adopts and incorporates by reference ARM 32.3.1205, which contains the standards for proper vaccination against rabies. A copy of ARM 32.3.1205 may be obtained from the Department of Livestock, Animal Health Division, Scott Hart Building, Capitol Station, Helena, MT 59620 phone: (406)444-2043. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 72 reserved

- 37.114.573 ROCKY MOUNTAIN SPOTTED FEVER (1) Ticks removed from a case must be destroyed by chemical or physical means which entirely dispose of the tick while avoiding skin contact. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.574 RUBELLA (1) Whenever necessary to protect a susceptible pregnant woman or to control an outbreak, isolation must be imposed on a case of rubella for four days after the onset of rash. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

#### 37.114.575 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.575 RUBELLA: CONGENITAL (1) Modified isolation consisting of respiratory isolation must be imposed on any person with congenital rubella during the time they are hospitalized.
- (2) The local health officer or the officer's designee must identify any susceptible contact of the person with congenital rubella, to the extent possible, and encourage them to undergo rubella immunization if not already immune. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 76 reserved

#### 37.114.577 SALMONELLOSIS (OTHER THAN TYPHOID FEVER)

- (1) For purposes of this rule, "salmonellosis" is any illness in which organisms of the genus salmonella, with the exception of the typhoid bacillus, have been isolated from feces, blood, urine, or pathological material from a person.
  - Whenever a case of salmonellosis exists:
- enteric precautions must be imposed upon the case for the duration of the illness;
- (b) the local health officer or the officer's designee must prohibit the case from engaging in a sensitive occupation until two successive specimens of the case's feces have been determined by a laboratory to be negative for salmonella organisms, the first specimen of which is collected at least 48 hours after cessation of the therapy and the second not less than 24 hours thereafter; and
- (c) stool cultures must be made for any family contacts of a case who are identified by the local health officer or the officer's designee and who are themselves involved in a sensitive occupation; if the culture is positive for salmonella, the contact is subject to the requirements of (2)(a) and (b) above. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 78 reserved

- 37.114.579 SHIGELLOSIS (1) For a case of shigellosis enteric precautions must be imposed for the duration of the illness.
- (2) A local health officer must not allow an infected person to engage in a sensitive occupation until two successive specimens of feces taken at an interval of not less than 24 hours apart, beginning no earlier than 48 hours after cessation of specific therapy, have been determined to be free of shigella organisms. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579,  $\overline{\text{Eff}}$ . 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 80 and 81 reserved

- 37.114.582 STREPTOCOCCUS PNEUMONIAE INVASIVE DISEASE, DRUG RESISTANT (1) Whenever a case of drug resistant streptococcus pneumonia invasive disease is identified, the following measures must be imposed:
- (a) contact isolation for the duration of acute illness; and
- (b) concurrent disinfection of discharges from nose and throat.
- (2) The local health officer or the officer's designee initiate surveillance for susceptible contacts and recommend immediate immunizations to those identified as high risk for pneumococcal disease, including persons aged two years or older with sickle cell disease; functional or anatomic asplenia; nephrotic syndrome or chronic renal failure; HIVimmunosuppression, including infection; organ transplantation or cytoreducation therapy; other chronic illnesses; and all persons aged 65 years or older.
- (3) Contacts at high risk for whom immunization is not advised or not deemed effective must be evaluated for chemoprophylaxis.
- (4) Outbreaks or clusters of cases may warrant more liberal use of the pneumococcal vaccine or chemoprophylaxis after consultation with the department.
- (5) In the case of meningitis, compliance with ARM 37.114.557 is also required. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

### 37.114.583 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.583 SYPHILIS (1) A person with a case of infectious syphilis must be instructed to refrain from activities in which body fluids are shared (such as sexual intercourse) until 48 hours after effective treatment has been commenced and must either receive treatment or be isolated until treatment is received.
- (2) A person with syphilis must be interviewed by the local health officer or the officer's designee to identify the following types of contacts, depending upon the disease stage in question:
- for primary syphilis, all sexual contacts during the (a) three months prior to the onset of symptoms;
- (b) for secondary syphilis, all sexual contacts during the six months preceding diagnosis;
- (c) for early latent syphilis, those sexual contacts during the year preceding diagnosis, if the time that primary and secondary lesions appeared cannot be established;
- for late latent syphilis, marital partners children of infected mothers;
- (e) for congenital syphilis, all members of the immediate family of the case.
- All identified contacts of confirmed cases of early (3) syphilis must be examined to determine if they have syphilis, directed to refrain from activities in which body fluids are shared, and, if they consent, immediately be given appropriate treatment. Laboratory specimens must be taken during the examination. (History: Sec. 50-1-202, 50-2-118 and 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102 and 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 84 reserved

- 37.114.585 TRICHINOSIS (1) Any person, other than the case, who may have eaten the infected food must be identified and put under surveillance by the local health officer. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.586 TUBERCULOSIS (1) Tuberculosis control measures are contained in subchapter 10 of this chapter. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS from DHES, 2002 MAR p. 913.)

Rule 87 reserved

37.114.588 TULAREMIA (1) Drainage and secretion precautions must be followed whenever open lesions exist or lacrimal sacs are draining (i.e. tears are produced). (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

### 37.114.589 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.589 TYPHOID FEVER (1) The provisions of this rule apply to all forms of typhoid fever.
- (2) Enteric precautions must be imposed until specific therapy for the fever has been completed and no fewer than three successive specimens of feces have been found negative for typhoid organisms, the first of which is taken one month after therapy is discontinued and followed by the other two at no less than one-week intervals.
- (3) The local health officer may not allow an infected person to engage in a sensitive occupation until modified isolation has been terminated in accordance with (2) of this rule. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 90 reserved

- 37.114.591 YELLOW FEVER (1) Blood and body fluid precautions must be followed. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.592 YERSINIOSIS (1) Modified isolation consisting of enteric precautions must be imposed. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 93 and 94 reserved

#### 37.114.595 ILLNESS IN TRAVELER FROM FOREIGN COUNTRY

- (1) Isolation and quarantine must be imposed until the etiologic agent of the disease is determined, at which point control measures must be imposed which are prescribed for that etiologic agent in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000.
- The department hereby adopts and incorporates by (2) reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202 and 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Subchapter 6 reserved

#### Subchapter 7

#### Immunization of School Children

- 37.114.701 DEFINITIONS The following definitions, together with the definitions contained in 20-5-402, MCA, apply throughout this subchapter:
- "ACIP" means the advisory committee on immunization practices of the U.S. public health service.
- (2) "Adequate documentation" means documentation which meets the specifications set forth in ARM 37.114.703.
- "CLIA" federal clinical (3) means the improvement amendments of 1988.
- "Commencing attendance for the first time" means the first occasion a pupil attends any Montana school, and does not include transfers from one Montana school to another.
- (5) "Department" means the department of public health and human services.
- (6) "DT vaccine" means a vaccine containing a combination of diphtheria and tetanus toxoids for pediatric use.
- (7) "DTP vaccine" and "DTAP vaccine" mean vaccines containing diphtheria and tetanus toxoids and pertussis (whooping cough) vaccine combined that are recommended for children under seven years of age.
- "Hib vaccine" means a vaccine immunizing against infection by Haemophilus influenza type B disease.
- (9) "MMR vaccine" means a vaccine containing a combination of measles, mumps, and rubella vaccine.
- "Montana certificate of immunization form (HES 101)" means the form prescribed by the department as required by 20-5-Copies of the form may be requested from the Department of Public Health and Human Services, Public Health and Safety Division, Communicable Disease Control and Prevention Bureau, Immunization Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-4735 or (406)444-5580.
- "MR vaccine" means a vaccine containing a combination (11)of measles and rubella vaccine.
- "Official parent maintained immunization record" means a standard document that is distributed by the department or by another state's principal health agency to record the immunization status of a child, is designed to be retained and maintained by the parents of that child, and includes the following:

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- the child's legal name, birthdate, sex and vaccination date (month, day and year) by vaccine type, except that in a postsecondary school, if only the month and administration are listed, the administration date will be considered to be the first day of that month; and
- for each administration of vaccine, the vaccination data must be completed and signed or stamped by the physician or officer of a health department who administered the vaccine or designee of the physician or officer.
- "Physician" is a person licensed to practice medicine in any jurisdiction in the United States or Canada and who holds a degree as a doctor of medicine or of osteopathy.
- "Polio vaccine" means a trivalent polio vaccine, known by the abbreviation OPV, or enhanced inactivated polio vaccine, known by the abbreviation of IPV.
- (15) "Preschool" means any facility that is established chiefly for educational purposes, limits its services to children who are at least three years of age, and meets the definition of a preschool in 20-5-402, MCA.
- (16)"Pupil" means a person who receives instruction:
- in a preschool or kindergarten through grade 12 setting, including a foreign exchange student, regardless of the length of attendance or whether credit is received;
- in a home school, but only while participating in a group activity with pupils in a school otherwise subject to the requirements of Title 20, chapter 5, part 4, MCA, such as laboratories, libraries, gymnasiums, and team activities; or
- (c) in a postsecondary school who is attending classes on the school's campus and who has either matriculated into a degree program or is registered for more than one-half of the full-time credit load that is normal for that school.
- "School enterer" means a pupil who is commencing attendance for the first time.
- "Td vaccine" means a vaccine containing tetanus and diphtheria toxoids and intended for administration to adults and to children seven years of age and older.
- (19) "Transfer" means to change school attendance, at any time, from one public school district to another, between private schools, or between public and private schools, and includes a change which occurs between the end of one school year and commencement of the next.

- (20) "Vaccine" means:
- (a) if administered in the United States, an immunizing agent recommended by the ACIP and approved by the food and drug administration, U.S. public health service; or
- (b) if administered outside of the United States, an immunizing agent:
- (i) administered by a person licensed to practice medicine in the country where it is administered or by an agent of the principal public health agency of that country; and
- (ii) having adequate documentation. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-402 and 52-2-703, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1983 MAR p. 852, Eff.  $\overline{7/15/83}$ ; AMD, 1993 MAR p. 1214, Eff.  $\overline{6/11/93}$ ; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

### 37.114.702 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.702 GENERAL IMMUNIZATION REQUIREMENTS FOR ALL SCHOOLS (1) This subchapter specifies the immunization requirements of 20-5-403, MCA.
- (2) Administration of a vaccine is only acceptable if it is done in accordance with the standards and schedules for vaccine use adopted by ACIP of the U.S. public health service.
- (3) Half doses of vaccine are unacceptable for purposes of meeting the school immunization requirements of these rules.
- (4) Doses of MMR vaccine, to be acceptable under these rules, must be given no earlier than 12 months of age, and a child who receives a dose prior to 12 months of age must be revaccinated before attending school. Dose two must be separated from dose one by at least 28 days.
- (5) DTP and DTaP vaccines are not recommended or required to be administered to children seven years of age or older. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR  $\overline{p}$ . 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

- REQUIREMENTS FOR ADEQUATE DOCUMENTATION OF 37.114.703 IMMUNIZATION STATUS (1) The following are considered adequate documentation of immunization for the purposes of subchapter, subject to the restriction in (2):
- (a) a record from any local health department in the United States, signed by a local health officer or nurse;
- (b) a certificate signed by a local health officer or nurse;
- (c) any immunization record, if information has been recorded and signed or stamped by a physician, physician's designee, local health officer, or that officer's designee;
  - (d) a form approved by the U.S. federal government;
- (e) any state's official parent maintained immunization record;
- (f) the international certificates of vaccination approved by the world health organization;
- the conditional enrollment form prescribed by the department;
- documentation of a medical exemption signed by a (h) physician;
- (i) documentation of a religious exemption, signed and notarized at the start of each school year, or, in a postsecondary setting, each year beginning with the date the pupil commences attendance; or
- (i) in the case of vaccine administered outside of the United States, a record of the vaccination signed by an official of the principal public health agency of the country where the vaccination occurred.
- (2) Vaccine administration data may not be filled out by a parent, guardian or other person unless they are a physician, health department official or person otherwise authorized to do so by this subchapter. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-402, MCA; NEW, 2005 MAR p. 1074, Eff. 7/1/05.)

#### 37.114.704 REQUIREMENTS FOR ATTENDANCE AT A PRESCHOOL

- (1) Before a prospective pupil may attend a Montana preschool, that school must be provided with adequate documentation that the prospective pupil has been immunized in accordance with the following standards:
- (a) the prospective pupil must have received three doses of polio vaccine and four doses of DTP/DTaP vaccine or DT vaccine, subject to the requirement that DT vaccine administered to children is acceptable only if accompanied by a medical exemption for that prospective pupil from pertussis vaccination;
- (b) the prospective pupil must receive one dose of MMR vaccine, administered no earlier than 12 months of age. A prospective pupil who receives a dose prior to 12 months of age must be revaccinated before attending a preschool; and
- (c) one dose of Hib vaccine must be administered on or after the first birthday, unless the prospective pupil is older than 59 months of age.
- (2) If a prospective pupil is not vaccinated with all of the vaccines required in (1), the prospective pupil must be immediately excluded from the preschool unless the prospective pupil is completely vaccinated, an exemption from a vaccine or vaccines is claimed, or the prospective pupil is enrolled conditionally.
- (3) A prospective pupil may attend a preschool with conditional enrollment if:
- (a) the prospective pupil has received at least one dose of each of the vaccines required for the prospective pupil's age;
- (b) a department prescribed form documenting the prospective pupil's conditional immunization status is on file at the preschool, attached to HES 101; and
- (c) the prospective pupil is not past due for the next required dose (as noted on the conditional enrollment form) of the vaccine in question.
- (4) A preschool must keep immunization data for each enrolled pupil on HES 101, including the date, month and year of administration of all required vaccines.
- (5) HES 101 must be completed with adequate documentation provided by the pupil's guardian, copies of which must be attached to HES 101 if the form is completed by daycare or school personnel.
- (6) If a religious or medical exemption is claimed, the preschool must maintain the record of that exemption in accord with the requirements of ARM 37.114.715 or 37.114.716, whichever applies. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403 and 20-5-406, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

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## 37.114.705 REQUIREMENTS FOR UNCONDITIONAL ATTENDANCE AT A SCHOOL OFFERING ANY PORTION OF GRADES KINDERGARTEN THROUGH 12

- (1) Before a prospective pupil may unconditionally attend a Montana school offering any portion of kindergarten through that school must be provided with adequate documentation that the prospective pupil has been immunized through administration of the vaccines and on the schedules specified in this rule.
- (2) Vaccines immunizing against diphtheria, pertussis, and tetanus must be administered as follows:
- A pupil or prospective pupil less than seven years of age must be administered four or more doses of DTP or DTAP vaccine, at least one dose of which must be given after the fourth birthday;
- A pupil or prospective pupil seven years old or older who has not completed the requirement in (2)(a) must receive additional doses of Td vaccine to reach a minimum of three doses of any combination of DTP, DTAP, DT or Td. Pertussis vaccine is not required for a pupil seven years of age or older;
- (c) Beginning with the 2006-2007 school year, prior to entering the seventh grade, a pupil must receive a dose of vaccine containing Td if the following criteria are met:
- (i) at least a five year interval must have passed since the pupil's previous doses of DTP, DTaP, DT or Td;
  - (ii) the pupil is 11 years of age or older; or
- (iii) a dose of Td was not given to the pupil at seven years of age or older;
- If a pupil enters the seventh grade before reaching 11 years of age, a booster shot of Td must be administered to the pupil as soon as possible after the pupil attains that age, unless the pupil already was administered a dose of Td at seven years of age or older;
- (e) DT vaccine administered to pupils less than seven years of age is acceptable only if accompanied by a medical exemption that exempts the pupil from pertussis vaccination.
- (3) Polio vaccine must be administered to a prospective pupil in three or more doses of trivalent poliomyelitis vaccine, at least one dose of which must be given after the fourth birthday.

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- (4) Beginning with the 2005-2006 school year, the following pupils must have received two doses of live measles, mumps and rubella vaccine at/or after 12 months of age, separated by at least one month between doses:
- (a) a pupil entering kindergarten, or, in the case of a school with no kindergarten, first grade; or
- (b) a pupil entering any grade from seventh grade to twelfth grade who has not already received the two required doses. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, 20-5-405 and 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

Rules 06 and 07 reserved

- 37.114.708 DOCUMENTATION OF IMMUNIZATION STATUS OF PERSONS COMMENCING ATTENDANCE IN PRESCHOOL OR KINDERGARTEN THROUGH GRADE (1) A school must obtain and keep the following immunization data for each pupil on HES 101 after receiving adequate documentation of:
  - (a) legal name;
  - (b) birthdate;
  - (c) sex; and
- (d) the vaccination date (month, day and year) of each vaccine administered.
- (2) HES 101 may be accepted by the school without reference to other adequate documentation if:
- (a) sections I and II are completed and signed by a physician, local health department official or the designee of either; and
  - (b) section IV is signed by a physician.
- If the information required by (1) has not been provided to the school on HES 101:
- immunization data must be transferred onto HES 101 from adequate documentation;
- (b) sections I and II of HES 101 must be signed and dated by a school official or the official's designee; and
- (c) beginning with pupils entering a Montana school for the first time during or after the 2005-2006 school year, a copy of the adequate documentation must be attached to HES 101. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

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- 37.114.709 REQUIREMENTS FOR UNCONDITIONAL ATTENDANCE AT A POSTSECONDARY SCHOOL (1) Before a prospective pupil may enter a Montana postsecondary school, the prospective pupil must provide the school with the proof of measles (rubeola) and rubella immunity as specified in (2) or (3), whichever is applicable.
- (2) If a prospective pupil was born in 1957 or later, the school must receive either:
  - (a) adequate documentation that:
- (i) the prospective pupil was administered two doses of live MMR or MR vaccine, or any equivalent combination of measles and rubella vaccines, subject to the restrictions in ARM 37.114.712(2); and
- (ii) dose one was administered at or after 12 months of age, and dose two was administered at least 28 days after dose one; or
- (b) a CLIA approved laboratory report that meets the requirements of ARM 37.114.712(2) and indicates the prospective pupil is immune to measles and rubella.
- (3) If a prospective pupil was born prior to 1957, the school must receive either:
- (a) one of the forms of proof of measles and rubella immunity cited in (2); or
- (b) the evidence of date of birth before January 1, 1957, required by ARM 37.114.712(2).
- (4) In the event of an outbreak of either measles or rubella, a pupil must provide the documentation required by either (2)(a) or (b) or be excluded from classes and other school sponsored activities until the local health officer indicates to the school that the outbreak is over. If the laboratory documentation required by (2)(b) is provided, the laboratory report need only show immunity to whichever of the two diseases is the cause of the outbreak.
- (5) The school must maintain a list of pupils who were born prior to 1957 and who provide the school only with the documentation specified in (3)(b). In the event of an outbreak of measles or rubella, the school must exclude those pupils as required by (4).
- (6) A pupil who enters a postsecondary school may be conditionally enrolled as allowed by ARM 37.114.711 if that pupil has received only one dose of MMR or MR, but must have received the second dose before being eligible to attend during the next school term. (History: Sec. 20-5-407, MCA;  $\underline{\text{IMP}}$ , Sec. 20-5-403 and 20-5-406, MCA;  $\underline{\text{NEW}}$ , 1993 MAR p. 1214, Eff. 6/11/93;  $\underline{\text{TRANS}}$ , from DHES, 2002 MAR p. 913;  $\underline{\text{AMD}}$ , 2005 MAR p. 1074, Eff.  $\overline{7/1/05}$ .)

- 37.114.710 REQUIREMENTS FOR CONDITIONAL ENROLLMENT IN A PRESCHOOL OR A SCHOOL OFFERING ANY PORTION OF KINDERGARTEN THROUGH GRADE 12 (1) A prospective pupil who does not meet school immunization entry requirements for a preschool or a school offering any portion of kindergarten through grade 12 may be admitted to school under the following conditions:
- (a) A physician or local health department must indicate on the department's conditional attendance form that immunization of the prospective pupil has already been initiated by the prospective pupil receiving, at a minimum, one dose of each of the vaccines required in ARM 37.114.705. If a prospective pupil is exempt from any of the foregoing vaccinations, the requirements of this rule apply to the remaining immunizations for which no exemption exists.
- (b) The conditional attendance form must include the date each dose of the required vaccines are to be administered, the signature of the physician, the physician's designee or the school or public health official who established the foregoing immunization schedule, and the signature of a parent or guardian acknowledging the immunization schedule; and
- (c) The parent or guardian must return the form to the school before the prospective pupil may attend.
- (2) The conditional attendance form prescribed by the department must be used to document conditional attendance status and must be retained in the pupil's school record.
- (3) If the pupil who is attending school conditionally fails to receive vaccines on the date they are due, as stated on the conditional exemption form, the pupil must:
  - (a) be vaccinated;
- (b) qualify for and claim an exemption from the immunizations not received and documented; or
- (c) be excluded immediately from school by the school administrator or by their designee.
- (4) A pupil who is excluded from school due to failure to meet the requirements of the conditional exemption may return to school only after the school receives the required documentation that the pupil has been administered the vaccines that were due according to the immunization schedule on the conditional form. If additional immunizations are still required, a physician, physician's designee or the school or public health official must reestablish the schedule as stated in (1)(b). (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-402, 20-5-404, 20-5-405 and 20-5-408, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1981 MAR p. 1788, Eff. 12/18/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

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- 37.114.711 REQUIREMENTS FOR CONDITIONAL ENROLLMENT IN A POSTSECONDARY SCHOOL (1) A prospective pupil who has not received two doses of live measles (rubeola) and rubella vaccine or provided the school with the alternative documentation allowed by ARM 37.114.709(2) may be admitted to postsecondary school under the following conditions:
- (a) the prospective pupil must receive a second dose of live measles and rubella vaccine before the beginning of the succeeding school term and no earlier than 28 days after administration of the first dose of measles and rubella vaccine; and
- (b) the conditional enrollment form must be signed by the prospective pupil, acknowledging the measles and rubella immunization schedule and deadline date for compliance.
- (2) If the pupil attending school conditionally fails to complete measles and rubella immunization within the time period indicated in (1)(a), the pupil must either qualify for and claim an exemption from measles and rubella immunization or be excluded immediately from school by the school administrator or that person's designee.
- (3) A pupil excluded from school due to failure to receive the second dose of measles and rubella vaccine by the deadline specified in (1)(a) may continue school only after the pupil has received a second dose of measles and rubella vaccine or claims an exemption from immunization. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-402, 20-5-404, 20-5-405 and 20-5-408, MCA; NEW, 2005 MAR p. 1074, Eff. 7/1/05.)

## 37.114.712 DOCUMENTATION OF IMMUNIZATION STATUS OF PERSONS COMMENCING ATTENDANCE IN A POSTSECONDARY SCHOOL

- (1) Postsecondary schools must keep immunization data for each pupil either on HES 101 or on another document that includes, at a minimum:
  - (a) the pupil's name and birth date;
- (b) the vaccination dose type administered to the pupil; and
- (c) the month, day and year each dose was administered, unless only the month and year of administration are known, in which case the administration date will be considered to be the first day of that month.
- (2) Documentation of the proof of measles and rubella immunity required by ARM 37.114.709 must meet the following standards:
- (a) there must be adequate documentation of the doses required by ARM 37.114.709, subject to the following restrictions:
  - (i) no measles vaccination given before 1967 is valid; and
  - (ii) no rubella vaccination given before 1969 is valid;
- (b) if the pupil was born prior to January 1, 1957, proof of age must be made through a driver's license, school transcript, birth certificate, or passport, as long as the date of birth is indicated on the document;
- (c) if a laboratory report is submitted to prove immunity, it must come from a CLIA approved laboratory report and:
- (i) indicate that the person is immune to either measles and rubella;
- (ii) specify the type of test performed and the test date; and
- (iii) include a determination from the clinician interpreting the laboratory results.
- (3) The documentation of immunization status must be kept on file with the immunization records required by (1). (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-406, MCA; NEW, 2005 MAR p. 1074, Eff. 7/1/05.)

Rules 13 and 14 reserved

- 37.114.715 MEDICAL EXEMPTION (1) A prospective pupil seeking to attend school is not required to have any immunizations which are medically contraindicated. A written and signed statement from a physician that an immunization is medically contraindicated will exempt a prospective pupil from those immunization requirements as deemed necessary by the physician. The required vaccines are listed in 20-5-403, MCA.
  - (2) The statement must include:
  - (a) which specific immunization is contraindicated;
- (b) the period of time during which the immunization is contraindicated;
  - the reasons for the medical contraindication; and
- (d) when deemed necessary by a physician, the results of immunity testing performed on a pupil entering kindergarten through grade 12. The tests must indicate serological evidence of immunity and must be performed by a CLIA approved lab. copy of the test result must be attached to HES 101, beginning with school enterers in school year 2005-2006.
- It is preferred, but not mandatory, physician's medical exemption be recorded on HES 101.
- (4) The physician's written statement must be maintained by the school as part of the immunization record of the pupil qualifying for the exemption. In preschool and kindergarten through grade 12 settings, the written statement must be attached to the HES 101 beginning with the 2005-2006 school year. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-405 and 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

### 37.114.716 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.716 RELIGIOUS EXEMPTION (1) A prospective pupil seeking to attend school is exempt from all or part of the immunization requirements if the parent or quardian of that prospective pupil, an adult responsible for that prospective pupil, or the prospective pupil if an adult or an emancipated minor, objects thereto in a signed, written statement indicating that the proposed immunization interferes with the free exercise of the religious beliefs of the person signing the statement.
- In any school other than a postsecondary school, a claim of exemption from immunization requirements on religious grounds must be notarized annually and maintained on a form HES 113, Affidavit of Exemption on Religious Grounds, provided by the department. The form must be provided to the school prior to each school year by the parent, guardian or adult responsible for the pupil. If the pupil is 18 years of age or older or emancipated, the pupil may claim the exemption.
- (3) In a postsecondary setting, a religious exemption must be maintained on form HES 113 and signed, notarized and submitted each year of attendance, beginning with the date of initial attendance at the school. The form must be completed and resubmitted each year thereafter.
- (4) The original copy of the claim of religious exemption must be kept by the school as part of the pupil's school record. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-405 and 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

Rules 17 through 19 reserved

- 37.114.720 REPORT OF IMMUNIZATION STATUS (1) A report of the immunization status of the pupils in every school must be sent each year to the department by the school's governing authority or designee on a form provided by the department.
- The report must include the immunization status of all pupils and must be submitted by December 1 of each school year.
- (3) A copy of the report must be sent concurrently from the school to the local health department, or, if there is no local health department, to the local board of health or local health officer.
- (4) The school must keep a record of any change in immunization status of a pupil from that stated on the report. Such records must be available upon request to the department or local health authority. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-408, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1982 MAR p. 1936, Eff. 10/29/82; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

### 37.114.721 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.721 REPORT OF NONCOMPLIANCE FOR KINDERGARTEN THROUGH GRADE 12 (1) If a pupil is excluded from a school offering kindergarten through grade 12 due to the failure to meet the requirements for conditional enrollment in ARM 37.114.710, the school must notify by the end of the third day following the exclusion, by U.S. mail, the following:
  - (a) the local health officer; and
- (b) the Department of Public Health and Human Services, Public Health and Safety Division, Communicable Disease Control and Prevention Bureau, Immunization Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-4735 or (406)444-5580.
- (2) If adequate documentation has been provided prior to the end of the three days, notification is not necessary.
- (3) Concurrent telephone notification of either or both of the above agencies is encouraged but not required.
  - (4) The notification must include:
  - the name of the excluded person; (a)
  - (b) his or her address;
- (c) the name of the parents, guardian or responsible adult; and
  - (d) the date of exclusion.
- (5) Written documentation of that notification must be placed in the school file, if any, of the pupil excluded, or in a special file established for such documentation, if the pupil has no school file. Such documentation must include the information noted in (4), date of mailing, and name of the individual giving the notification. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-408, MCA; NEW, 1981 MAR p. 620, Eff. 7/1/81; AMD, 1981 MAR p. 1788, Eff. 12/18/81; AMD, 1983 MAR p. 852, Eff.  $\overline{7/1}$ 5/83; AMD, 1993 MAR p. 1214, Eff.  $\overline{6/1}$ 1/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

Rules 22 through 98 reserved

37.114.799 DOCUMENTATION OF IMMUNIZATION STATUS OF PERSONS COMMENCING ATTENDANCE FOR THE FIRST TIME PRIOR TO AUGUST 1, 1980, AT A SCHOOL OFFERING ANY PORTION OF GRADES KINDERGARTEN THROUGH 12 (REPEALED) (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; REP, 2002 MAR p. 1511, Eff. 5/17/02.)

Subchapters 8 and 9 reserved

#### Subchapter 10

#### Tuberculosis Control

- 37.114.1001 DIAGNOSIS (1) The procedure and tests needed to diagnose whether or not an individual is infected with tuberculosis or has it in its communicable state, taking into account that person's particular history, are those contained in "Diagnostic Standards and Classification of Tuberculosis and Other Mycobacterial Diseases", a 1986 publication of the American thoracic society (ATS).
- (2) Examination of body tissues or secretions by microscopy and culture by a laboratory is required to establish the diagnosis of tuberculosis. It is recommended that at least six sputa, gastrics, or urine be negative for M. tuberculosis to rule out active disease. The growth of a single colony of M. tuberculosis is diagnostic.
  - (3) A tuberculin skin test shall include:
- (a) an intra-dermal injection of 0.0001 milligrams (five tuberculin units) of purified protein derivative in 0.10 cubic centimeters (cc) of sterile diluent; and
- (b) recordation of the size of the palpable induration in millimeters (mm) no less than 72 hours following injection.
- (i) A significant reaction is one in which the induration is not less than five mm.
- (ii) An insignificant or negative reaction is one in which the induration is not present or, if present, is less than five
- (4)The department hereby adopts and incorporates "Diagnostic Standards and Classification reference of Tuberculosis and Other Mycobacterial Diseases", publication of the American thoracic society which specifies the diagnostic methodology appropriate for tuberculosis. A copy of the above publication may be obtained from the Department of Public Health and Human Services, Health Policy and Services Division, Communicable Disease Control and Prevention Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-0273. (History: Sec. 50-1-202, 50-17-103 and 50-17-105, MCA; IMP, Sec. 50-1-202, 50-17-103 and 50-17-105, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

### 37.114.1002 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.1002 TUBERCULOSIS: COMMUNICABLE STATE (1) A person has communicable tuberculosis if one of the following conditions exist:
- laboratory examination of sputa, gastric washings, bronchial washings, or pulmonary tissue culture shows, in at least one sputum specimen, the presence of either acid-fast bacilli or Mycobacterium tuberculosis (M. tuberculosis).
- (b) a chest x-ray shows changes characteristic of tuberculosis; or
- in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is not being disposed of accordance with drainage and secretion precautions.
- For purposes of this rule, a person diagnosed as having communicable tuberculosis will continue to be regarded as having communicable tuberculosis until:
- a culture of the specimen which was positive for M. tuberculosis or acid-fast bacilli on a smear shows, in a manner acceptable to the department, either no bacterial growth or an organism other than M. tuberculosis, if the diagnosis was based on laboratory analysis of a sputum specimen;
- (b) a tuberculin skin test is negative (induration is less than five mm or absent altogether) and sputa or gastric specimens taken on three consecutive days are found negative for acid-fast bacilli, if the diagnosis was based on chest x-ray results;
- (c) anti-tuberculosis drugs are being administered and tests of sputa or respiratory secretion specimens taken on three consecutive days are negative for acid-fast bacilli; or
- (d) in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is disposed of according to drainage and secretion precautions. (History: Sec. 50-1-202 and 50-17-103, MCA; IMP, Sec. 50-1-202 and 50-17-103, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 03 and 04 reserved

- 37.114.1005 ISOLATION OF CASE: TESTING AND QUARANTINE OF CONTACTS (1) Tuberculosis isolation as defined 37.114.101 must be imposed by the department or the local health officer upon a case of communicable tuberculosis until the infected person is determined by the department or local health officer to be no longer communicable.
- (2) The department or local health officer may require contacts of a case to be tested for tuberculosis infection.
- (3) No quarantine of contacts is required unless the contact is in a communicable state. (History: Sec. 50-1-202, 50-2-118 and 50-17-103, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-102, 50-17-103 and 50-17-105, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)
- 37.114.1006 TREATMENT STANDARDS (1) It is the opinion of the department that medical treatment of tuberculosis, in order to meet currently acceptable medical standards, must be consistent with those standards contained in "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", a statement adopted by the American thoracic society board of directors in March, 1986, and recommended by the centers for disease control. A copy of the ATS tuberculosis treatment standards is available from the Department of Public Health and Services, Health Policy and Services Communicable Disease Control and Prevention Bureau, Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-0273. (History: This rule is advisory only, but may be a correct interpretation of the law; Sec. 50-1-202 and 50-17-103, MCA; IMP, Sec. 50-17-102, 50-17-105, 50-17-107, 50-17-108, 50-17-112 and 50-17-113, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 07 through 09 reserved

- 37.114.1010 EMPLOYEE OF SCHOOL: DAY CARE FACILITY CARE PROVIDER (1) With the exceptions specified in (2) and (3) below:
- (a) No public or private school, as defined in (10) below, or school cooperative may initially employ or continue to employ a person unless that person has provided the school, the cooperative, or the district to which the school belongs with:
- (i) documentation of the results of a tuberculin skin test done within the year prior to initial employment, along with the name of the tester and the date and type of test administered, unless the person provides written medical documentation that s/he is a known tuberculin reactor, in which case (6) of this rule applies; and
- (ii) if the test results are positive, documentation in the form of a written statement from a physician that the physician has confirmed that the person does not have communicable tuberculosis. For purposes of this subsection, a person who is rehired from one school year to the next is considered to be continuously employed, and the required documentation need not be submitted again prior to employment for any school year subsequent to the first year of employment.
- (b) No person, including the owner or operator, may provide care directly to children in a day care facility as defined in 52-2-703, MCA, unless s/he has, on site at the facility, the documentation described in (a) above.
- (2) If a person is already employed by a school, school district, or cooperative, or providing direct child care in a day care facility on December 25, 1992, but has not, by that date, provided the documentation required by (1) above, s/he must provide the required documentation by January 25, 1993; if a skin test is required, it must have been performed after January 25, 1992.
- (3)(a) A person who is not a known tuberculin reactor, is not known to have communicable tuberculosis, and has not had a tuberculin skin test performed as required in (1) above may be employed in a school or work in a day care facility until the date specified in (b) below if s/he provides the employer with:
- (i) a signed and dated written statement by a licensed physician that no such skin test should be performed at that date for medical reasons, along with the specific medical reasons why the test is temporarily inadvisable and the date after which the test may be administered; and
- (ii) a signed and dated written statement by a licensed physician that s/he has examined the person to determine whether or not symptoms of tuberculosis exist and has found no such symptoms.

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- If, within two weeks after the date upon which the physician's statement indicates the test is once again medically acceptable, the person has not provided the school, school day care facility district, cooperative, or with documentation required by (1)(a) above, the school, district, cooperative, or day care facility must suspend that person's employment, or, in the case of a day care facility, that person's direct child care services, immediately until the documentation is submitted to it.
- (4)(a) Each private school and public school district, including a district within a cooperative, must keep in its central offices documentation for each current employee of either the date, type, tester, and results of the tuberculin skin test, or the fact that (6) of this rule applies, and, if the test results are positive, the required documentation that the employee is not communicable.
- (b) Each day care facility must keep on site documentation required in (a) above for each person providing direct child care at that facility.
- If the day care worker or school employee's tuberculin skin test is negative, that person need not receive further routine screening for tuberculosis unless s/he has frequent or close exposure to a person with a communicable pulmonary tuberculosis.
- (6)(a) If the tuberculin skin test results are significant or if the school employee or day care worker has ever, in the past, had a positive tuberculin skin test with purified-protein derivative and has not had adequate chemoprophylaxis, s/he must be evaluated by a physician, either before or within one week after receiving the results of the test, in the case of a test with significant results, or one week after commencing employment, in the case of an untreated person with a past positive test result, to ascertain whether or not s/he has any of the following conditions:
  - x-rays indicative of tuberculosis infection; (i)
- history of exposure to a case of communicable tuberculosis within the previous two years;
- (iii) history of a negative tuberculin skin test within the previous two years;
  - (iv) severe or poorly controlled diabetes mellitus;
- disease associated with severe immunologic deficiencies (e.g., cancer, reticuloendothelial disease, or HIV infection);

- (vi) immunosuppressive therapy (i.e., corticosteroids,
  ACTH, cytotoxins);
  - (vii) gastrectomy;
  - (viii) chronic obstructive pulmonary disease;
  - (ix) renal transplantation; and/or
  - (x) ileal bypass surgery for obesity.
- (b) If any of the conditions listed in (6)(a) of this rule are present, the tuberculin-positive school employee or day care worker must be counseled that s/he is at relatively high risk of developing tuberculosis disease and that s/he should complete six months of chemoprophylaxis if s/he has not already done so, unless medically contraindicated according to the standards contained in "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", a joint statement of the centers for disease control and the American thoracic society, adopted March, 1986.
- (c) Further surveillance is not required of a tuberculin-positive school employee or day care worker with any condition listed in (6)(a) of this rule who completes six months of chemoprophylaxis.
- (d) A tuberculin positive school employee or day care worker with any of the conditions listed in (6)(a) of this rule who does not complete six months of chemoprophylaxis must annually provide his or her employer with documentation from a physician that s/he is free of communicable tuberculosis, or, in the case of a day care facility worker, provide the facility with that documentation.
- (e) A tuberculin-positive school employee or day care worker with none of the conditions listed in (6)(a) of this rule or with a history of close exposure to a case of communicable pulmonary tuberculosis within the previous two years or a history of a negative tuberculin test within the previous two years may be released from further routine tuberculosis surveillance following two negative chest x-rays one year apart. However, if such an employee or worker does not complete six months of chemoprophylaxis as well, s/he must be examined by a physician every five years after the second negative x-ray is taken to determine whether symptoms of tuberculosis exist.
- (7) If a school employee or day care worker is diagnosed as having communicable tuberculosis or being infected with tuberculosis, that person may not work in a school or daycare facility unless proper medical treatment is being followed and, if communicable, until s/he is no longer communicable.
- (8) If a school employee or day care worker violates any requirement of this rule, that person may not work in a school or daycare facility until s/he complies with the terms of this rule.

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- (9)(a) A person employed by a school district who transfers to any other school within the same district need not repeat the actions required by (1) above, and the documentation required by (4)(a) above must be maintained at the district's central offices.
- (b) If a person employed by a cooperative transfers from one district within the cooperative to another, the actions required by (1) need not be repeated, but the documentation required by (4)(a) must be transferred from the first district to the second.
  - (10) For purposes of this rule:
- (a) the term "school" includes both a preschool, as defined in 20-5-402, MCA, and a place or institution for the teaching of individuals, the curriculum of which is comprised of the work of any combination of kindergarten through grade 12, and does not include a postsecondary school as defined in 20-5-402, MCA;
- (b) the term "employ" includes contracting with either an individual or a business or other entity for the services of the entity's employees.
- The department hereby adopts and incorporates by (11)reference the portion of the joint statement of the American thoracic society and the centers for disease control entitled "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" (March, 1986) which specifies contraindications to chemoprophylaxis. A copy of the statement may be obtained from the Department of Public Health and Human Services, Health Policy and Services Division, Communicable Disease Control and Prevention Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-0273. (History: Sec. 50-1-202, 50-17-103 and 52-2-735, MCA; IMP, Sec. 50-1-202, 50-17-103 and 52-2-735, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1981 MAR p. 1060, Eff. 9/18/81; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1992 MAR p. 2744, Eff. 12/25/92; AMD, 1994 MAR p. 2305, Eff. 8/12/94; TRANS, from DHES, 2002 MAR p. 913.)

Rules 11 through 14 reserved

- 37.114.1015 FOLLOW-UP AND REPORTING (1) The local health officer must ensure that each case of tuberculosis within his/her jurisdiction obtains the follow-up tests, treatment, and monitoring recommended by the American thoracic society and the centers for disease control in their joint statements "Treatment of Tuberculosis and Tuberculosis Infection in Adults Children", adopted March, 1986, and "Control Tuberculosis", adopted March, 1983.
- (2) The local health officer must submit a report to the department every three months documenting the course of treatment of each reported tuberculosis case within his/her jurisdiction.
- (3) The department hereby adopts and incorporates by reference the portions of the joint statements of the American thoracic society and the centers for disease control entitled "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" (March, 1986) and "Control of Tuberculosis" (March, 1983), which specify the follow-up tests, treatment, and monitoring necessary to ensure adequate recovery from tuberculosis. A copy of each statement may be obtained from the Department of Public Health and Human Services, Health Policy Services Division, Communicable Disease Control and Prevention Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-0273. (History: Sec. 50-1-202 and 50-17-103, MCA; IMP, Sec. 50-1-202, 50-17-102 and 50-17-105, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

## 37.114.1016 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

- 37.114.1016 SUBMISSION OF SPECIMENS (1) Whenever a physician diagnoses a case of tuberculosis, s/he must ensure that a specimen from the case is sent to the department's microbiology laboratory.
- (2) Whenever a laboratory finds a specimen tests positive for M. tuberculosis or acid-fast bacilli, the laboratory must forward the specimen to the department's microbiology laboratory for confirmation of the results and drug susceptibility testing. (History: Sec. 50-1-202 and 50-17-103, MCA; IMP, Sec. 50-1-202, 50-17-102 and 50-17-103, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Chapter 115 reserved